

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089692

1. Entity Name

THE GAIL EASLEY COMPANY

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90324 045 ***150.00

Principal Place of Business

4798 N LADYBUG DRIVE
CRYSTAL RIVER FL 34428
US

Mailing Address

P.O. BOX 1436
CRYSTAL RIVER FL 34423
US

2. Principal Place of Business

34 N.E. Crystal Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Zip
34428

Country

Zip

Country

4. FEI Number 59-3287316

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASLEY, V. GAIL
4798 N. LADYBUG DRIVE
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME GAIL, EASLEY V.
STREET ADDRESS PO BOX 1436
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

V. Gail Easley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Gail Easley

Date

4-19-01

Daytime Phone #

352-795-4920

CR2E034 (10/00)